

*RETURN TO FMF - LOCATION 7540

Pre Edt.

QUERY CONTROL FORM		RTIS USE ONLY	
Application No.	09/943,267	Prepared by	BLS
Examiner-GAU	Nguyen-2829	Date	7-21-04
		No. of queries	1
		Tracking Number	GAU
		Week Date	

JACKET			
a. Serial No.	f. Foreign Priority	k. Print Claim(s)	p. PTO-1449
b. Applicant(s)	g. Disclaimer	l. Print Fig.	q. PTOL-85b
c. Continuing Data	h. Microfiche Appendix	m. Searched Column	r. Abstract
d. PCT	i. Title	n. PTO-270/328	s. Sheets/Figs
e. Domestic Priority	j. Claims Allowed	o. PTO-892	t. Other

SPECIFICATION <ul style="list-style-type: none"> a. Page Missing b. Text Continuity c. Holes through Data d. Other Missing Text e. Illegible Text f. Duplicate Text g. Brief Description h. Sequence Listing i. Appendix j. Amendments k. Other - <i>Issue Classification form</i> 	MESSAGE <i>Issue Classification: The bottom of the Issue Classification form was scanned with the bottom of the form cut off. This keeps me from verifying claims old claims 29 & 30 now amended. Please resolve (see yellow post-it).</i> <i>Thanks</i>
CLAIMS <ul style="list-style-type: none"> a. Claim(s) Missing b. Improper Dependency c. Duplicate Numbers d. Incorrect Numbering e. Index Disagrees f. Punctuation g. Amendments h. Bracketing i. Missing Text j. Duplicate Text k. Other 	initials <i>BLS</i>
RESPONSE <p><i>Corrections made to index of claims.</i></p> <p><i>Note: Total claims = 16.</i></p> <p><i>Thank you.</i></p>	initials <i>JBH</i>

Issue Classification				Application No.	Applicant(s)	
				09/943,267	BREINLINGER, KEITH	
				Examiner Trung Q Nguyen	Art Unit 2829	

ISSUE CLASSIFICATION					
ORIGINAL		CROSS REFERENCE(S)			
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)		
324	158.1	324	754		
INTERNATIONAL CLASSIFICATION					
G	0	1	R	31/02	
			/		
			/		
			/		
			/		
Trung Q. Nguyen (Assistant Examiner) (Date) <i>Kim Ong</i> 12/5/03 (Legal Instruments Examiner) (Date)				<i>David A. Zamek</i> Primary Examiner (Date) 1/26/03	
				Total Claims Allowed: 16 O.G. Print Claim(s) 1	
				O.G. Print Fig 1	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
-0	1	15	31	61	91	121	151
-0	2	16	32	62	92	122	152
-0	3	33		63	93	123	153
-0	4	34		64	94	124	154
-0	5	35		65	95	125	155
-0	6	36		66	96	126	156
-0	7	37		67	97	127	157
-0	8	38		68	98	128	158
-0	9	39		69	99	129	159
-0	10	40		70	100	130	160
-0	11	41		71	101	131	161
-0	12	42		72	102	132	162
-0	13	43		73	103	133	163
-0	14	44		74	104	134	164
-0	15	45		75	105	135	165
-0	16	46		76	106	136	166
1	17	47		77	107	137	167
2	18	48		78	108	138	168
3	19	49		79	109	139	169
4	20	50		80	110	140	170
5	21	51		81	111	141	171
6	22	52		82	112	142	172
7	23	53		83	113	143	173
8	24	54		84	114	144	174
9	25	55		85	115	145	175
10	26	56		86	116	146	176
11	27	57		87	117	147	177
12	28	58		88	118	148	178
13	29	59		89	119	149	179
14	30						200